REQUEST FOR

CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

U.S. Act of 1995, no persons are required to respond to a c	Patent and Trademark Office: U.	FTO/SB/30 (10-0) frough 10/31/2002. OMB 0651-0831 S. DEPARTMENT OF COMMERCE displays a valid OMB control number.	+
EQUEST	Application Number	09/451,341	<u> </u>
FOR	Filing Date	11/30/99	
EXAMINATION (RCE)	First Named Inventor	Ken Burroughs	_
NSMITTAL	Art Unit	3727	
Address to: nissioner for Patents	Examiner Name	Rowan, K.	
Box RCE hington, DC 20231	Attorney Docket Number	TKMA.65581	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission requ	uired under 37 CFR 1.114						
a. Previously submitted i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on							
2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) b. Other							
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.							
a. X The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 19-2112 i. RCE fee required under 37 CFR 1.17(e)							
—	on of time fee (37 CFR 1.136 and	-	01 FC:179		740.00 OP		
b. \overline{X} Check in the amount of \$ 740 + \$920 enclosed							
c. Payment by credit card (Form PTO-2038 enclosed)							
WARNING: Information on this form may become public. Credit card information should not							
be included on this form. Provide credit card information and authorization on PTO-2038.							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Name (Print lType)	Daniel P. Devers		Registra	tion No. (Attorney/Agent)	47,523		
Signature	Ramel P. Der	en	Date	1/14/02 000			
CERTIFICATE OF MAILING OR TRANSMISSION							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.							
Name (Print/Type)	Daniel P. Devers						
Signature	Daniel P. Deve	n	Date	1/14/02			
Burden Hour Statement: The	form is estimated to take 0.2 hours to cor	nplete. Time will va	ry depending up	on the needs of the individual	case. Any comments on the		

amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.